

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18893

FILED JUL 8 - 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2680	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lindemann N. H. 3537 Main				e. STREET ADDRESS (If rural, give location) 7408 Main			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) A.		c. (Last) Phillips		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 20, 1871	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Glue		9. AGE (In years last birthday) 83		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME John Wm. Phillips		13b. MOTHER'S MAIDEN NAME Martha Fawcett		14. NAME OF HUSBAND OR WIFE Anna Phillips			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Phillips, 7408 Main, K. C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia ANTECEDENT CAUSES prostatic hypertrophy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prostatic hypertrophy DUE TO (c) cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 1 yr.	
19a. DATE OF OPERATION April 55		19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 22 , 19 55 , to Jan. 21 , 19 55 , that I last saw the deceased alive on 6-21 , 19 55 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edw. H. Thiessen M. Degree or title) D				23b. ADDRESS 1116 W. 47th. St. K. C. Mo.		23c. DATE SIGNED 6-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-24-55		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-22-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure Und. Co. K. C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. J. [illegible], Student Embalmer No. 4817, working under my personal supervision.

Student W. J. [illegible]
Signature of Student Embalmer

Signed Elmer D. [illegible]

Licensed Embalmer No. 4817

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.